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Lee A. Norman, M.D., Secretary

Laura Kelly, Governor

Drug Utilization Review Board Meeting
Agenda, Open Session January 20, 2021
10:00 a.m. – 2:00 p.m.

Meeting Location*

*Due to COVID-19, this meeting will be held virtually. Please use the information below to join the meeting:
Public/Participant Line: Dial: (312) 626-6799, Meeting ID: 890 5744 0563
Zoom Meeting: https://us02web.zoom.us/j/89057440563

Members of the general public are required to complete a conflict of interest form if they intend to provide public comments to the Board. To assist the operator in coordinating public comment, completed forms are due 1 week prior to the meeting (January 13, 2021). Please email the completed form to Annette.Grant@ks.gov.

Board Members

Moneeshindra Mittal, MD
James Backes, PharmD
Jennifer Clair, MD
Katie Burenheide Foster, PharmD, MS, BCPS, FCCM
Kristen Powell, PharmD
Serena Stutzman, APRN
Roger Unruh, DO
LaTonyua Rice, PharmD, CGP
Arthur Snow, MD

KDHE-DHCF Staff

Annette Grant, RPh
Victor Nguyen, PharmD
Kyle Shrewsbury

Gainwell Technologies/KEPRO Staff

Karen Kluczykowski, RPh
Kathy Kaesewurm, RN, BSN
Christina Faulkner, PharmD, BCPS
Harry Vu, PharmD

MCO Staff

Mark DeMary, PharmD, **Aetna Better Health of Kansas**
Angie Yoo, PharmD, **Sunflower State Health Plan**
Janette Mueller, RPh, **UnitedHealthcare Community Plan**

I. CALL TO ORDER

A. Announcements

This meeting will be operator-assisted. An opportunity for public comment was given at the top of the agenda.

II. OLD BUSINESS

A. Review and Approval of October 14, 2020 Meeting Minutes

III. NEW BUSINESS

A. Revised Prior Authorization (PA) Criteria

1. **Spinal Muscular Atrophy (SMA) Agents**
   This revision includes consolidation of the criteria to the standard format, removal of the requirement of symptoms prior to 6 months for Zolgensma® and clarification that Evrysdi™ must be discontinued before starting Zolgensma®.
   i. Revised PA Criteria
   ii. *Public Comment
   iii. Board Discussion

2. **Oncology Agents** (formerly Chemotherapy Agents)
   This revision includes updates to the list of agents requiring prior authorization and an update to the renewal criteria.
   i. Revised PA Criteria
   ii. *Public Comment
   iii. Board Discussion

3. **Asthma Agents**
   This revision includes addition of Trelegy® Ellipta to the list of qualifying medications for step therapy for the asthma biologic agents and updates to Nucala® for age and dosing limits.
   i. Revised PA Criteria
   ii. *Public Comment
   iii. Board Discussion

4. **Multiple Sclerosis (MS) Agents**
   This revision adds Kesimpta® to the list of agents requiring prior authorization. It also modifies prior authorization (PA) criteria for the fumaric acid derivatives to require a trial of generic dimethyl fumarate before use of other fumaric acid derivatives.
   i. Revised PA Criteria
   ii. *Public Comment
   iii. Board Discussion

5. **Neuromyelitis Optica Spectrum Disorder (NMOSD) Agents**
   This revision clarifies dosing limits for Soliris®, Uplizna™, and Enspryng® and clarifies criteria related to relapses.
   i. Revised PA Criteria
   ii. *Public Comment
   iii. Board Discussion

6. **Juvenile Idiopathic Arthritis (JIA) Agents**
   This revision adds the agents Simponi Aria® and Xeljanz® (tablets and oral solution).
   i. Revised PA Criteria
   ii. *Public Comment
   iii. Board Discussion

7. **Psoriatic Arthritis Agents**
   This revision updates age/dosing limits for Simponi Aria® and adds the biosimilar Avsola™.
   i. Revised PA Criteria
   ii. *Public Comment
   iii. Board Discussion

8. **Minimum Requirements Prior Authorization**
   This revision includes updates to Kalydeco®, Trikafta, and Epidiolex®. Additions include Serostim® and Zorbtive®, while Xgeva® is being removed.
   i. Revised PA Criteria
   ii. *Public Comment
   iii. Board Discussion

9. **Diabetes Mellitus - Type 2 Agents** (formerly Type 2 Diabetes Mellitus Agents)
   This revision includes the addition of a lookback window for baseline HbA1c, a 10-year ASCVD risk threshold to indicators of high risk of developing ASCVD and updated dosing limits for Trulicity®.
   i. Revised PA Criteria
   ii. *Public Comment
   iii. Board Discussion

10. **Narcolepsy Agents**
    This revision updates the indications for Wakix® and clarifies renewal criteria.
    i. Revised PA Criteria
    ii. *Public Comment
    iii. Board Discussion

11. **Opioid Use Dependence Agents**
    This revision updates the criteria related to opioid use disorder products and the SUPPORT Act.
    i. Prior Authorization Criteria
    ii. *Public Comment
    iii. Board Discussion

B. New Prior Authorization (PA) Criteria

1. **Oncology - Auxiliary Treatment Agents**
   These agents are used for supportive care for patients receiving oncology treatment. The prior authorization criteria are being proposed to ensure appropriate use based upon the FDA-approved labeling information and clinical guidelines.
   i. Prior Authorization Criteria
   ii. *Public Comment
   iii. Board Discussion

2. **Brand Medical Necessity Prior Authorization**
   The prior authorization criteria are being proposed to ensure the appropriate use of brand name products when corresponding generic products are available.
   i. Prior Authorization Criteria
   ii. *Public Comment
   iii. Board Discussion

V. ADJOURN

The next DUR Board meeting is scheduled for April 21, 2021.

*Public comment is limited to five minutes per product; additional time will be allowed at the DUR Board's discretion. Informal comments will be accepted from members of the audience at various points in the agenda.

****THIS AGENDA IS SUBJECT TO CHANGE****